

Conflict of Interest FAQs

Q. Why do I need to sign a conflict of interest form?

A. A conflict of interest form is signed by anyone who wants to be a regional center vendor. If you provide Self-Directed Services, you will be a regional center vendor and must complete the conflict of interest Form.

Q. What is a conflict of interest?

A. A conflict is a financial interest or a professional or personal relationship that makes it hard for a person to perform their duties in an impartial manner. The State has identified financial and professional or personal relationships that are a conflict of interest. These conflicts are listed on the conflict of interest Form. This form applies to any conflicts you or an immediate family member may have.

Q. Who is an immediate family member for purposes of the conflict of interest form?

A. An immediate family member includes your spouse, domestic partner, parents, stepparents, grandparents, siblings, stepsiblings, children, stepchildren, grandchildren, parents-in-law, brothers-in-law, sisters-in-law, sons-in-law, and daughters-in-law.

Q. How do I complete the conflict of interest form?

A. To complete the form, you must answer the questions that list possible conflicts of interest. If you check a box indicating a conflict you must provide more information. The completed form will help the regional center understand if you or your immediate family have any conflicts of interest.

After you answer the questions, you must certify that you: 1) reviewed the conflict of interest requirements, 2) have no conflicts or have disclosed any possible conflicts; and 3) understand the conflict of interest statements. You then sign the form and include it in your vendor packet.

Q. What happens after I submit the conflict of interest form?

A. The regional center will review the form. They will tell you if there are any conflicts of interest. They may ask you for more information. The regional center may also give you information about how you can resolve a conflict of interest. If you have a conflict and it cannot be resolved, you will not be able to be a vendor.

Q. Where can I get more information?

A. You can ask your regional center liaison if you have questions or need more information. The applicable conflict of interest rules are found in Title 17 of the California Code of Regulations Sections 54314 and Sections 54500-54535. They may be found [here](#).

SELF-DETERMINATION PROGRAM: General Self-Directed Supports (099)

Conflict of Interest Form

Name:

Business Name (if applicable):

Address:

Phone:

Email:

Have you ever been vendored (i.e., been issued a vendor number) by this or any other Regional Center?

Yes

Name:

Vendor Number:

Regional Center:

No

Conflict of Interest Statement:

[Section 54314 of California's Title 17 Regulations](#), prohibits individuals from being a vendor if you or a member of your or your immediate family meet one of the below criteria. If you are unsure whether your employment or other position creates a conflict, please consult with your regional center liaison.

- a. An officer or employee of the State of California;
- b. Any applicant in which an officer or employee of the State of California has a financial interest (as defined in the Government Code, Section 87103) in your business providing General Self-Directed Supports;
- c. An employee or board member of any regional center and there is a conflict of interest pursuant to [Title 17, Sections 54500 through 54535](#);
- d. An individual or entity in which the regional center employee or board member has a relationship that creates a conflict of interest pursuant to Title 17, Sections 54500 through 5425.

Please complete the below questions to identify any conflicts of interest you may have:

1. Are you or any members of your immediate family an employee, on leave of absence, or an officer or employee of the following?

State of California

Department of Developmental Services

Regional Center

Regional Center Board of Directors

State Developmental Center

If you checked any of the above options, please provide name, relationship to applicant, and any other information relevant to above selection.

2. Does any officer or employee of the State of California have a financial interest in your business providing General Self-Directed Supports for individuals entering the Self-Determination Program?

Yes

No

If you checked yes, please provide additional information:

3. Are there any relationships between you or an immediate family member and a regional center employee or board member that create a conflict of interest?

Yes

No

If you checked yes, please provide additional information:

4. Are there any other circumstances or relationships for you or an immediate family member that you believe would create a conflict of interest in your provision of General Self-Directed Supports to a regional center consumer?

Yes

No

If you checked yes, please provide additional information:

CERTIFICATION:

I have read the CCR Title 17 Regulations at dds.ca.gov, Sections 54500 through 54535, and certify that I either have no conflicts or have identified any possible conflicts above. I also certify that I understand the Conflict of Interest statement.

Applicant's Signature:

Date:

OFFICE USE ONLY:

Applicants signature and affirmation indicate there does not appear to be a conflict of interest per CCR Title 17 Regulations:

Signature:

Date:

Vendor #: